

Form **8453**Department of the Treasury  
Internal Revenue Service**U.S. Individual Income Tax Declaration  
for an IRS e-file Return**For the year January 1 - December 31, 2000  
▶ See separate instructions.

OMB No. 1545-0036

**2000**Use the  
IRS label.  
Otherwise,  
please  
print or  
type.L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

**ANA B**

Last name

**JARAMILLO**

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

**1161 HUDSON ST**

Apt. no.

City, town or post office, state, and ZIP code

**REDWOOD CITY CA 94061**Your social security number  
**590-05-4184**

Spouse's social security no.

**▲ IMPORTANT! ▲**  
You must enter  
your SSN(s) above.Daytime phone number  
**(650) 329-8100****Part I Tax Return Information** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4)	1	<b>35,600</b>
2	Total tax (Form 1040, line 57; Form 1040A, line 35; Form 1040EZ, line 10)	2	<b>4,367</b>
3	Federal income tax withheld (Form 1040, line 58; Form 1040A, line 36; Form 1040EZ, line 7)	3	<b>5,790</b>
4	Refund (Form 1040, line 67a; Form 1040A, line 42a; Form 1040EZ, line 11a)	4	<b>1,423</b>
5	Amount you owe (Form 1040, line 69; Form 1040A, line 44; Form 1040EZ, line 12)	5	

**Part II Declaration of Taxpayer** (Sign only after Part I is completed.)

- ☒ I consent that my refund be directly deposited into the designated in the electronic portion of my 2000 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment to the other spouse as an agent to receive the refund.
- ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH debit (electronic withdrawal) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2000 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection, and, if I am applying for a refund anticipation loan or similar product, an indication of a refund offset. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign  
Here**COPY ONLY**

Your signature

Date

**COPY ONLY**

Spouse's signature. If a joint return, BOTH must sign. Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1346, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature **Use Only** Firm's name (or yours if self-employed), address, and ZIP code **H AND R BLOCK**  
**SUNNYVALE, CA 94087-0000**  
Date **03/15/2001** Check if also paid preparer ☒ Check if self-employed ☐ ERO's SSN or PTIN **EN 43-1632899**  
Phone no. **(408) 739-2294**

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's signature **Use Only** Firm's name (or yours if self-employed), address, and ZIP code **EN**  
Date **03/15/2001** Check if self-employed ☐ Preparer's SSN or PTIN **EN**  
Phone no.

KBA For Paperwork Reduction Act Notice, see separate instructions.

Form  
**1040A**Department of the Treasury Internal Revenue Service  
**U.S. Individual Income Tax Return****2000****Label**

(See page 20.)

Use the  
IRS label.  
Otherwise,  
please print  
or type.L  
A  
B  
E  
L  
H  
E  
R  
E**ANA B JARAMILLO**  
**1161 HUDSON ST**  
**REDWOOD CITY, CA 94061**

OMB No. 1545-0045

Your social security number  
**590-05-4184**

Spouse's social security number

**Important!**  
You must enter your  
SSN(s) above.

Presidential

Election Campaign  
(See page 21.)Note: Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, go to

You Spouse

**Filing  
status**1 ☒ **Single** ☐ Yes ☒ No ☐ Yes ☐ No2 ☐ **Married filing joint return** (even if only one had income)3 ☐ **Married filing separate return**. Enter spouse's social security number  
above and full name here.Check only  
one box.4 ☐ **Head of household** (with qualifying person). (See page 22.) If the qualifying person is a child  
but not your dependent, enter this child's name here.5 ☐ **Qualifying widow(er) with dependent child** (year spouse died ▶). (See page 23.)**Exemptions**6a ☒  **Yourself**. If your parent (or someone else) can claim you as a dependent on his or her tax  
return, do not check box 6a.b ☐  **Spouse**c  **Dependents:**No. of boxes  
checked on  
6a and 6b **1**If more than  
seven  
dependents,  
see page 23.

(1) First name

Last name

(2) Dependent's social  
security number(3) Dependent's  
relationship to  
you(4) ☒ If qual-  
ifying child for child  
tax credit (see  
page 24)No. of your  
children on  
6c who:• lived with  
you• did not live  
with you due  
to divorce or  
separation  
(see page 25)Dependents  
on 6c not  
entered aboved **Total number of exemptions claimed.**Add numbers  
entered on  
lines above **1****Income**Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.7 **Wages, salaries, tips** **7 35,600.**8a **Taxable interest**. Attach Schedule 1 if required. **8a**b **Tax-exempt interest**. Do not include on line 8a. **8b**9 **Ordinary dividends**. Attach Schedule 1 if required. **9**10 **Capital gain distributions** (see page 26).11a **Total IRA** **11a**distributions. **11b Taxable amount** **11b**12a **Total pensions** **12a**and annuities. **12b Taxable amount** **12b**13 **Unemployment compensation, qualified state tuition program earnings,** **13**and Alaska Permanent Fund dividends. **14a Social security** **14a**benefits. **14b Taxable amount** **14b**

(see page 29).

15 **Add lines 7 through 14b (far right column). This is your total income.** **15 35,600.****Adjusted  
gross  
income**16 **IRA deduction** (see page 31). **16**17 **Student loan interest deduction** (see page 31). **17**18 **Add lines 16 and 17. These are your total adjustments.** **18**19 **Subtract line 18 from line 15. This is your adjusted gross income.** **19 35,600.**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 55.

Form 1040A (2000)

001011



Form 1040A (2000) ANA B JARAMA

590-05-4184 Page 2  
20 35,600.Taxable  
Income

20 Enter the amount from line 19.

21a Check ☐ You were 65 or older ☐ Spouse was 65 or older ☐ Blind ☐ Blind ☐ Enter number of boxes checked ☐ 21a ☐

b If you are married filing separately and your spouse itemizes deductions, see page 33 and check here ☐ 21b ☐

22 Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 21a or 21b or if someone can claim you as a dependent.

- Single- \$4,400 • Married filing jointly or Qualifying widow(er)- \$7,350  
• Head of household- \$6,450 • Married filing separately- \$3,675

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter -0- 22 4,400.

24 Multiply \$2,000 by the total number of exemptions claimed on line 5a. 23 31,200.

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter -0- 24 2,800.

This is your taxable income.

Tax,  
credits,  
and  
payments

26 Tax (see page 34) 25 28,400.

27 Credit for child and dependent care expenses. Attach Schedule 2. 26 4,547.

28 Credit for the elderly or the disabled. Attach Schedule 3. 27

29 Education credits. Attach Form 8863. 28

30 Child tax credit (see page 37). 29 180.

31 Adoption credit. Attach Form 8839. 30

32 Add lines 27 through 31. These are your total credits. 31

33 Subtract line 32 from line 26. If line 32 is more than line 26, enter -0- 32 180.

34 Advance earned income credit payments from Form W-2. 33 4,367.

35 Add lines 33 and 34. This is your total tax. 34

36 Federal income tax withheld from Forms W-2 and 1099. 35 4,367.

37 2000 estimated tax payments and amount applied from 1999 return. 36 5,790.

38a Earned income credit (EIC). 37

38b Non-taxable earned income. 38a

39 Additional child tax credit. Attach Form 8812. 38b

40 Add lines 36, 37, 38a, and 39. These are your total payments. 39

41 If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you overpaid. 40 5,790.

42a Amount of line 41 you want refunded to you. 41 1,423.

42b Routing number 221042882 42a 1,423.

42c Account number 3047929864 42b

43 Amount of line 41 you want applied to your 2001 estimated tax. 42c

44 If line 36 is more than line 40, subtract line 40 from line 36. This is the amount you owe. For details on how to pay, see page 39. 43

45 Estimated tax penalty (see page 40). 44

Under penalties of perjury, I declare that I prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I am not aware of any information that would cause me to believe that my preparer has prepared this return.

Signature of taxpayer (if joint return, both must sign) Date

Signature of preparer (if joint return, both must sign) Date

Signature of preparer (if joint return, both must sign) Date

Signature of preparer (if joint return, both must sign) Date

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Signature of preparer (if joint return, both must sign) Date

Page 4 of 28

Sequence No. 81  
Your social security number  
590-05-4184

## Hope Credits

**Part I Hope Credit.** Caution: The Hope credit may be claimed for no more than 2 tax years for the same student.

**Part II** Lifetime Learning Credit

**Part II** Lifetime Learning Credit

**Part III Allowable Education Credits**

**Part III Allowable Education Credits**

Tentative education credits. Add lines 3 and 7		8	180
9	Enter \$100,000 if married filing jointly, \$50,000 if single, head of household, or qualifying widow(er)	50,000	
10	Enter the amount from Form 1040, line 34 (or Form 1040A, line 20)*	35,600	
11	Subtract line 10 from line 9. If line 10 is equal to or more than line 9, stop; you cannot take any education credits.	14,400	
12	Enter \$20,000 if married filing jointly, \$10,000 if single, head of household, or qualifying widow(er)	10,000	
13	If line 11 is equal to or more than line 12, enter the amount from line 11 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places)		
14	Multiply line 8 by line 13.		180
15	Enter the amount from Form 1040, line 42 (or Form 1040A, line 26)		4,547
16	Enter the total, if any, of your credits from Form 1040, lines 43 through 45 (or from Form 1040A, lines 27 and 28)		
17	Subtract line 16 from line 15. If line 16 is equal to or more than line 15, stop; you cannot take any education credits.		4,547
18	Education credits. Enter the smaller of line 14 or line 17 here and on Form 1040, line 46 (or Form 1040A, line 20)		180

\* See Pub. 970 for the amount to enter if you are filing Form 2556, 2555-EZ, or 4583 or you are excluding income from Puerto Rico.

KBA For Paperwork Reduction Act Notice, see page 1

Form 8863 (2000)

7-177 3563 (2000)

001013

HRB

Declaration Control Number (DCN)

00

773560

1

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR

2000

## California Individual Income Tax Declaration for e-file

FORM

8453

Your first name and initial

ANA B JARAMILLO

Last name

Your social security number  
590-05-4184

If joint return, also give spouse's name and initial

Last name

Spouse's social security number

Present home address - number and street including PO Box or rural route  
1161 HUDSON ST

Apt. no.

PMB no

Daytime telephone number  
(650) 329-8100City, town or post office, state and ZIP Code  
REDWOOD CITY, CA 94061

## Part I Tax Return Information

- 1 Refund (Form 540, line 65; Form 540A, line 38; Form 540 2EZ, line 21; or Form 540NR, line 74) 1 219.
- 2 Amount you owe (Form 540, line 68; Form 540A, line 39 plus line 40; Form 540 2EZ, line 22; or Form 540NR, line 76) 2 0.
- 2a Amount to be withdrawn by electronic debit 2a
- 2b Date of the electronic debit (MM/DD/YY) 2b

## Part II Direct Deposit or Electronic Debit

3 Routing number

121042882

4 Account number

0047929854

5 Type of account

☒ Checking☐ Savings

## Part III Declaration of Taxpayer

I consent that my refund be directly deposited or my payment due be withdrawn by electronic debit as designated in Part II. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund or authorize an electronic debit.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), Transmitter, or Intermediate Service Provider, including my address and social security number, and the amounts shown in Part I above, agree with the information and amounts shown on the corresponding Form 1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1041, 1041A, 1041EZ, 1041NR, 1041NR-EZ, 1042, 1042A, 1042EZ, 1042NR, 1042NR-EZ, 1043, 1043A, 1043EZ, 1043NR, 1043NR-EZ, 1044, 1044A, 1044EZ, 1044NR, 1044NR-EZ, 1045, 1045A, 1045EZ, 1045NR, 1045NR-EZ, 1046, 1046A, 1046EZ, 1046NR, 1046NR-EZ, 1047, 1047A, 1047EZ, 1047NR, 1047NR-EZ, 1048, 1048A, 1048EZ, 1048NR, 1048NR-EZ, 1049, 1049A, 1049EZ, 1049NR, 1049NR-EZ, 1050, 1050A, 1050EZ, 1050NR, 1050NR-EZ, 1051, 1051A, 1051EZ, 1051NR, 1051NR-EZ, 1052, 1052A, 1052EZ, 1052NR, 1052NR-EZ, 1053, 1053A, 1053EZ, 1053NR, 1053NR-EZ, 1054, 1054A, 1054EZ, 1054NR, 1054NR-EZ, 1055, 1055A, 1055EZ, 1055NR, 1055NR-EZ, 1056, 1056A, 1056EZ, 1056NR, 1056NR-EZ, 1057, 1057A, 1057EZ, 1057NR, 1057NR-EZ, 1058, 1058A, 1058EZ, 1058NR, 1058NR-EZ, 1059, 1059A, 1059EZ, 1059NR, 1059NR-EZ, 1060, 1060A, 1060EZ, 1060NR, 1060NR-EZ, 1061, 1061A, 1061EZ, 1061NR, 1061NR-EZ, 1062, 1062A, 1062EZ, 1062NR, 1062NR-EZ, 1063, 1063A, 1063EZ, 1063NR, 1063NR-EZ, 1064, 1064A, 1064EZ, 1064NR, 1064NR-EZ, 1065, 1065A, 1065EZ, 1065NR, 1065NR-EZ, 1066, 1066A, 1066EZ, 1066NR, 1066NR-EZ, 1067, 1067A, 1067EZ, 1067NR, 1067NR-EZ, 1068, 1068A, 1068EZ, 1068NR, 1068NR-EZ, 1069, 1069A, 1069EZ, 1069NR, 1069NR-EZ, 1070, 1070A, 1070EZ, 1070NR, 1070NR-EZ, 1071, 1071A, 1071EZ, 1071NR, 1071NR-EZ, 1072, 1072A, 1072EZ, 1072NR, 1072NR-EZ, 1073, 1073A, 1073EZ, 1073NR, 1073NR-EZ, 1074, 1074A, 1074EZ, 1074NR, 1074NR-EZ, 1075, 1075A, 1075EZ, 1075NR, 1075NR-EZ, 1076, 1076A, 1076EZ, 1076NR, 1076NR-EZ, 1077, 1077A, 1077EZ, 1077NR, 1077NR-EZ, 1078, 1078A, 1078EZ, 1078NR, 1078NR-EZ, 1079, 1079A, 1079EZ, 1079NR, 1079NR-EZ, 1080, 1080A, 1080EZ, 1080NR, 1080NR-EZ, 1081, 1081A, 1081EZ, 1081NR, 1081NR-EZ, 1082, 1082A, 1082EZ, 1082NR, 1082NR-EZ, 1083, 1083A, 1083EZ, 1083NR, 1083NR-EZ, 1084, 1084A, 1084EZ, 1084NR, 1084NR-EZ, 1085, 1085A, 1085EZ, 1085NR, 1085NR-EZ, 1086, 1086A, 1086EZ, 1086NR, 1086NR-EZ, 1087, 1087A, 1087EZ, 1087NR, 1087NR-EZ, 1088, 1088A, 1088EZ, 1088NR, 1088NR-EZ, 1089, 1089A, 1089EZ, 1089NR, 1089NR-EZ, 1090, 1090A, 1090EZ, 1090NR, 1090NR-EZ, 1091, 1091A, 1091EZ, 1091NR, 1091NR-EZ, 1092, 1092A, 1092EZ, 1092NR, 1092NR-EZ, 1093, 1093A, 1093EZ, 1093NR, 1093NR-EZ, 1094, 1094A, 1094EZ, 1094NR, 1094NR-EZ, 1095, 1095A, 1095EZ, 1095NR, 1095NR-EZ, 1096, 1096A, 1096EZ, 1096NR, 1096NR-EZ, 1097, 1097A, 1097EZ, 1097NR, 1097NR-EZ, 1098, 1098A, 1098EZ, 1098NR, 1098NR-EZ, 1099, 1099A, 1099EZ, 1099NR, 1099NR-EZ, 1100, 1100A, 1100EZ, 1100NR, 1100NR-EZ, 1101, 1101A, 1101EZ, 1101NR, 1101NR-EZ, 1102, 1102A, 1102EZ, 1102NR, 1102NR-EZ, 1103, 1103A, 1103EZ, 1103NR, 1103NR-EZ, 1104, 1104A, 1104EZ, 1104NR, 1104NR-EZ, 1105, 1105A, 1105EZ, 1105NR, 1105NR-EZ, 1106, 1106A, 1106EZ, 1106NR, 1106NR-EZ, 1107, 1107A, 1107EZ, 1107NR, 1107NR-EZ, 1108, 1108A, 1108EZ, 1108NR, 1108NR-EZ, 1109, 1109A, 1109EZ, 1109NR, 1109NR-EZ, 1110, 1110A, 1110EZ, 1110NR, 1110NR-EZ, 1111, 1111A, 1111EZ, 1111NR, 1111NR-EZ, 1112, 1112A, 1112EZ, 1112NR, 1112NR-EZ, 1113, 1113A, 1113EZ, 1113NR, 1113NR-EZ, 1114, 1114A, 1114EZ, 1114NR, 1114NR-EZ, 1115, 1115A, 1115EZ, 1115NR, 1115NR-EZ, 1116, 1116A, 1116EZ, 1116NR, 1116NR-EZ, 1117, 1117A, 1117EZ, 1117NR, 1117NR-EZ, 1118, 1118A, 1118EZ, 1118NR, 1118NR-EZ, 1119, 1119A, 1119EZ, 1119NR, 1119NR-EZ, 1120, 1120A, 1120EZ, 1120NR, 1120NR-EZ, 1121, 1121A, 1121EZ, 1121NR, 1121NR-EZ, 1122, 1122A, 1122EZ, 1122NR, 1122NR-EZ, 1123, 1123A, 1123EZ, 1123NR, 1123NR-EZ, 1124, 1124A, 1124EZ, 1124NR, 1124NR-EZ, 1125, 1125A, 1125EZ, 1125NR, 1125NR-EZ, 1126, 1126A, 1126EZ, 1126NR, 1126NR-EZ, 1127, 1127A, 1127EZ, 1127NR, 1127NR-EZ, 1128, 1128A, 1128EZ, 1128NR, 1128NR-EZ, 1129, 1129A, 1129EZ, 1129NR, 1129NR-EZ, 1130, 1130A, 1130EZ, 1130NR, 1130NR-EZ, 1131, 1131A, 1131EZ, 1131NR, 1131NR-EZ, 1132, 1132A, 1132EZ, 1132NR, 1132NR-EZ, 1133, 1133A, 1133EZ, 1133NR, 1133NR-EZ, 1134, 1134A, 1134EZ, 1134NR, 1134NR-EZ, 1135, 1135A, 1135EZ, 1135NR, 1135NR-EZ, 1136, 1136A, 1136EZ, 1136NR, 1136NR-EZ, 1137, 1137A, 1137EZ, 1137NR, 1137NR-EZ, 1138, 1138A, 1138EZ, 1138NR, 1138NR-EZ, 1139, 1139A, 1139EZ, 1139NR, 1139NR-EZ, 1140, 1140A, 1140EZ, 1140NR, 1140NR-EZ, 1141, 1141A, 1141EZ, 1141NR, 1141NR-EZ, 1142, 1142A, 1142EZ, 1142NR, 1142NR-EZ, 1143, 1143A, 1143EZ, 1143NR, 1143NR-EZ, 1144, 1144A, 1144EZ, 1144NR, 1144NR-EZ, 1145, 1145A, 1145EZ, 1145NR, 1145NR-EZ, 1146, 1146A, 1146EZ, 1146NR, 1146NR-EZ, 1147, 1147A, 1147EZ, 1147NR, 1147NR-EZ, 1148, 1148A, 1148EZ, 1148NR, 1148NR-EZ, 1149, 1149A, 1149EZ, 1149NR, 1149NR-EZ, 1150, 1150A, 1150EZ, 1150NR, 1150NR-EZ, 1151, 1151A, 1151EZ, 1151NR, 1151NR-EZ, 1152, 1152A, 1152EZ, 1152NR, 1152NR-EZ, 1153, 1153A, 1153EZ, 1153NR, 1153NR-EZ, 1154, 1154A, 1154EZ, 1154NR, 1154NR-EZ, 1155, 1155A, 1155EZ, 1155NR, 1155NR-EZ, 1156, 1156A, 1156EZ, 1156NR, 1156NR-EZ, 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**California Resident**  
**Income Tax Return 2000**

APE

DO NOT  
ATTACH  
LABEL590-05-4184  
ANAJARA \*\*  
B JARAMILLO

00

FEDERAL RETURN ATTACHMENT REQUIRED:

☐ YES ☒ NO

P

AC

A

R

RP

**Step 1**Name  
and  
Address1161 HUDSON ST  
REDWOOD CITY

CA 94061

FOR COMPUTERIZED USE ONLY

01	1	37	1260	386	0	APE	0
06	0	38	1479	57	0	3800	0
09	0	39	0	58	0	3803	0
11	0	41	0	59	0	SCHG1	0
12	35600	42	0	60	0	5870A	0
14	0	43	0	61	0	5805 5805F	0
16	0	44	0	62	0	431632899	
17	35600	45	0	63	0		
18	2811	47	0	64	0		
20	1335	48	0	65	219		
23	0	49	0	66	0		
28	0	50	0	68	0		
29	0	51	0				
30	0	52	0				
31	0	53	0				
35	0	54	0				
36	0	55	0				

**Step 2**1 ☒ Single 2 ☐ Married filing jointly (even if only one spouse has income)

Filing Status

Check only one.

**Step 3**

Exemptions

Dependents

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total



**Step 6**

Special Credits and Nonrefundable Renter's Credit

Your name: **A B JARAMILLO**Your SSN: **590-05-4184**

25 Amount from Side 1, line 24 ..... 25 **1,260.**

28 Enter credit name ..... code no ..... and amount ..... 28

29 Enter credit name ..... code no ..... and amount ..... 29

30 To claim more than two credits, see instructions ..... 30

31 Nonrefundable renter's credit. See instructions for "Step 6" ..... 31

33 Add line 28 through line 31. These are your total credits ..... 33

34 Subtract line 33 from line 25. If less than zero, enter -0- ..... 34 **1,260.**

35 Alternative minimum tax. Attach Schedule P (540) ..... 35

36 Other taxes and credit recapture. See instructions ..... 36

37 Add line 34 through line 36. These are your total payments ..... 37 **1,260.**

38 California income tax withheld. See instructions ..... 38 **1,479.**

39 2000 CA estimated tax and amount applied from 1999 ..... 39

41 Excess SDI. See instructions ..... 41

Child and Dependent Care Expenses Credit. See instructions

42 ..... 42

43 ..... 43

44 ..... 44

45 Add line 36, line 39, line 41 and line 45. These are your total payments ..... 45

**Step 7**

Other Taxes

**Step 8**

Payments

**Step 9**

Overpaid Tax or Tax Due

**Step 10**

Contributions

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 ..... 47 **219.**

48 Amount of line 47 you want applied to your 2001 estimated tax ..... 48

49 Overpaid tax available this year. Subtract line 48 from line 47 ..... 49 **219.**

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37 ..... 50 **0.**

CA Seniors Special Fund ..... 51

See instructions ..... 51

Alzheimer's Disease/Related Disorders Fund ..... 52

CA Fund for Senior Citizens ..... 53

Rare and Endangered Species Preservation Program ..... 54

State Children's Trust Fund for the Prevention of Child Abuse ..... 55

CA Breast Cancer Research Fund ..... 56

Firefighters Memorial Fund ..... 57

Mexican American Veterans' Memorial ..... 58

Emergency Food Assistance Program Fund ..... 59

CA Peace Officer Memorial Foundation Fund ..... 60

Birth Defects Research Fund ..... 61

National World War II Veterans Memorial Trust Fund ..... 62

CA Lung Disease and Asthma Research Fund ..... 63

**Step 11**

Refund or Amount You Owe

**Step 12**

Interest and Penalties

**Step 13**

Direct Deposit Information

64 Add line 51 through line 63. These are your total contributions ..... 64 **0.**

65 REFUND OR NO AMOUNT DUE. Subtract line 64 from line 50. If more than zero, enter amount here. If zero, enter -0-. ..... 65 **219.**

66 AMOUNT YOU OWE. Add line 50 and line 64. If more than zero, enter amount here. If zero, enter -0-. ..... 66 **0.**

67 Interest, late return penalties, and late payment penalties ..... 67 **0.**

68 Underpayment of estimated tax. Check the box: ☐ FTS 5805 attached ☐ FTS 5805F attached ..... 68 **0.**

69 Total amount due. See instructions ..... 69 **0.**

70 **4**

Do not attach a voided check or a deposit slip.

Complete this section to have your refund directly deposited. Routing number: \_\_\_\_\_

Account Type:

Checking ☐Savings ☐

Account number: \_\_\_\_\_

**Sign Here**

If you are not to forge a signature

**IMPORTANT:** See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature

**X For Information Only**

Spouse's signature (if filing joint, both must sign)

**X For Information Only**

Paid preparer's signature (Declaration of preparer is based on all information of which preparer has any knowledge)

Date

Paid preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN

**H AND R BLOCK****SUNNYVALE, CA 94087-0000****43-1632899**

Declaration Control Number (DCN)

00 - 686239 - 03272 - 4

IRS Use Only - Do not write or staple in this space.

Form 8453

U.S. Individual Income Tax Declaration  
for an IRS e-file Return

OMB No. 1545-0936

Department of the Treasury  
Internal Revenue Service

For the year January 1-December 31, 2003

2003

See Instructions.

Use the  
IRS label.  
Otherwise,  
please  
print or  
type.

L A B E L  H E R E	Your first name and initial Ana B		Last name Jaramillo		Your social security number 590-05-4184	
	If a joint return, spouse's first name and initial		Last name		Spouse's social security no.	
	Home address (number and street). If you have a P.O. box, see instructions. 19250 Cayenne Dr				Apt. no.	
	City, town or post office, state, and ZIP code Morgan Hill CA 95037-				Daytime phone number 408-779-9022	

**Important!**  
You must enter  
your SSN(s) above.

**Part I Tax Return Information** (Whole dollars only)

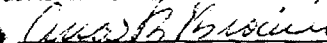
1	Adjusted gross income (Form 1040, line 35; Form 1040A, line 22; Form 1040EZ, line 4)	1	9,053.
2	Total tax (Form 1040, line 60; Form 1040A, line 38; Form 1040EZ, line 10)	2	698.
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 39; Form 1040EZ, line 7)	3	186.
4	Refund (Form 1040, line 70a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	2,013.
5	Amount you owe (Form 1040, line 72; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Declaration of Taxpayer** (Sign only after Part I is completed.) Be sure to keep a copy of your tax return.

- 6 a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2003 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b ☒ I do not want direct deposit of my refund or I am not receiving a refund
- c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2003 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, any indication of a refund offset, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.


Sign Here  4-25-2004  
Your signature Date Spouse's signature. If a joint return, both must sign Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
	03/03/2004	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P00152277
Firm's name (or yours if self-employed), address, and ZIP code	Grupo Canas 610 Third St Ste 4-A San Rafael CA 94901-			EIN 68-0486220 Phone no. 415-459-5214

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
			<input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP code	EIN Phone no.		

For Paperwork Reduction Act Notice, see the instructions.

Form 8453 (2003)

001017



098  
Declaration Control Number (DCN)

00 - 686239 - 03272 - 4

DO NOT MAIL THIS FORM TO FTB

Date Accepted

TAXABLE YEAR

FORM

2003 California e-file Return Authorization

8453

Your first name and initial

ANA B JARAMILLO

Last name

Your social security number

590-05-4184

If joint return, spouse's first name and initial

Last name

Spouse's social security number

Present home address - number and street, PO Box, or rural route

19250 CAYENNE DR

Apt. no.

PMB no.

Daytime telephone number

408-779-9022

City, town or post office, state, and ZIP Code

MORGAN HILL CA 95037-

## Part I Tax Return Information (whole dollars only)

- 1 Refund. (Form 540, line 65; Form 540A, line 39; Form 540 2EZ, line 24; Long Form 540NR, line 74; or Short Form 540NR, line 74) ..... 1
- 2 Amount you owe (Form 540, line 69; Form 540A, line 40 plus line 41; Form 540 2EZ, line 25; Long Form 540NR, line 78; or Short Form 540NR, line 75) ..... 2

## Part II Settle Your Account Electronically

3 ☐ Direct Deposit of Refund4 ☐ Electronic Funds Withdrawal 4a Amount

4b Withdrawal Date (MM/DD/YYYY)

## Part III Make Estimated Tax Payments for Taxable Year 2004

	First Payment Due 4/15/04	Second Payment Due 6/15/04	Third Payment Due 9/15/04	Fourth Payment Due 1/15/05
5 Amount				
6 Withdrawal date				

## Part IV Banking Information (Caution: Have you verified your banking information? Incorrect information causes delays, which may cause penalties and interest.)

7 Routing number

8 Account number

9 Type of account:

☐ Checking☐ Savings

## Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. I further authorize my estimated tax payments be withdrawn by electronic funds withdrawal as designated in Part III. I understand that the banking information I provided in Part IV will be used to complete any transactions designated in Part II or Part III. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider, including my name, address and social security number, the amounts shown in Part I above, and the banking information shown in Parts II-IV above, agrees with the information and amounts shown on the corresponding lines of my 2003 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB by my ERO, Transmitter, or Intermediate Service Provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO and/or the Transmitter the reason(s) for the delay or the date when the refund was sent.

Sign

Here

Ana B Jaramillo

Date

3-25-2004

Spouse's signature. If filing jointly, both must sign.

Date

For Privacy Act Notice, get form FTB 1131

It is unlawful to forge a spouse's signature.

## Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on Form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2003 e-file Handbook for Authorized e-file Providers and in FTB Pub. 1345A, 2003 e-file Handbook Supplement. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN/PTIN
		03/03/2004	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P00152277
	Firm's name (or yours if self-employed) and address	GRUPO CANAS 610 THIRD ST STE 4-A SAN RAFAEL CA			
			FEIN	68-0486220	
			ZIP Code	94901-	
Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed	Paid preparer's SSN/PTIN	
			<input type="checkbox"/>	P00152277	
	Firm's name (or yours if self-employed) and address	GRUPO CANAS 610 THIRD ST STE 4-A SAN RAFAEL CA			
			FEIN	68-0486220	
			ZIP Code	94901-	

For Privacy Act Notice, get form FTB 1131

FTB 8453 (REV. 11-2003)

001018

Form 1040 (2003)

Ana B Jaramillo

590-05-4184

Page 2

## Tax and Credits

Standard Deduction for -

- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instr.
- All others:

Single, or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	9,053.
36a	Check <input type="checkbox"/> You were born before January 2, 1939 <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1939 <input type="checkbox"/> Blind. checked <input checked="" type="checkbox"/> 36a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	7,000.
38	Subtract line 37 from line 35	38	2,053.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see instructions.	39	6,100.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0	40	0
41	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	
42	Alternative minimum tax (see instructions). Attach Form 625	42	
43	Add lines 41 and 42	43	
44	Foreign tax credit. Attach Form 1116 if required.	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	

## Other Taxes

55	Self-employed tax. Attach Schedule SE	55	698.
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54 through 59. This is your total tax	60	698.

## Payments

If you have a qualifying child, attach Schedule EIC

61	Federal income tax withheld from Forms W-2 and 1099	61	186.	FORM 1099
62	2003 estimated tax payments and amount applied from 2002 return	62		
63	Earned income credit (EIC)	63	2,525.	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64		
65	Additional child tax credit. Attach Form 8812	65		
66	Amount paid with request for extension to file (see instructions)	66		
67	Other pymts. from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67		
68	Add lines 61 through 67. These are your total payments	68	2,711.	

## Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	2,013.
70a	Amount of line 69 you want refunded to you	70a	2,013.
b	Routing number XXXXXXXXXXXXXXXXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX		
71	Amount of line 69 you want applied to your 2004 est. tax	71	

## Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instruction	72	
73	Estimated tax penalty (see instructions)	73	

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following ☒ No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_  
Personal identification number (PIN) \_\_\_\_\_

## Sign

## Here

Joint return? See instr.

Keep a copy of your

copy.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Ana B Bivini Date 3-25-2004 Your occupation Housecleaner Daytime phone number 408-779-9022  
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

## Paid

## Preparer's Use Only

Preparer's signature [Signature] Date 3/1/04 Check if self-employed ☒ Preparer's SSN or PTIN P00152277  
Firm's name (or yours if self-employed) Grupo Canas EIN 68-0486220  
address, and 610 Third St Ste 4-A

001019

Department of the Treasury - Internal Revenue Service <b>Form 1040 U.S. Individual Income Tax Return 2003</b> (99) <small>IRS Use Only. Do not write or staple in this space</small>																																												
<b>Label</b> <small>(See instructions)</small> <b>Use the IRS label.</b> <small>Otherwise, please print or type.</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning 2003, ending 20</td> <td>OMB No. 1545-0074</td> </tr> <tr> <td colspan="2"> <b>Ana B Jaramillo</b>   <b>19250 Cayenne Dr</b>  <b>Morgan Hill CA 95037-</b> </td> <td> <b>Your social security number</b>  <b>590-05-4184</b>  <b>Spouse's soc. sec. number</b> </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <b>Important!</b>            You must enter your SSN(s) above.         </td> </tr> </table>	For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning 2003, ending 20		OMB No. 1545-0074	<b>Ana B Jaramillo</b>  <b>19250 Cayenne Dr</b> <b>Morgan Hill CA 95037-</b>		<b>Your social security number</b> <b>590-05-4184</b> <b>Spouse's soc. sec. number</b>	<b>Important!</b> You must enter your SSN(s) above.																																				
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<b>Presidential Election Campaign</b> <small>(See instructions)</small>		<b>Note.</b> Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
<b>Filing Status</b> Check only one box.		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input checked="" type="checkbox"/> Head of Household (with qualifying person). (See instructions). If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																										
<b>Exemptions</b>		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6. b <input type="checkbox"/> Spouse																																										
<b>c Dependents:</b> (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit		No. of boxes checked on 6a and 6b: 1 No. of children on 6c who: * lived with you: 1 * did not live with you due to divorce or separation (see instr.): 0 Dependents on 6c not entered above: 0 Add numbers on lines above: 2																																										
<b>d Total number of exemptions claimed</b>		2																																										
<b>7 Wages, salaries, tips, etc. Attach Form(s) W-2</b>		7 2,811.																																										
<b>Income</b> Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td>8a</td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8</td> <td>8b</td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required</td> <td>9a</td> </tr> <tr> <td>b Qualified dividends (see instructions)</td> <td>9b</td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)</td> <td>10</td> </tr> <tr> <td>11 Alimony received</td> <td>11</td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td>12 4,941.</td> </tr> <tr> <td>13a Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td>13a</td> </tr> <tr> <td>b If box on 13a is checked, enter post-May 5 capital gain distributions</td> <td>13b</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td>14</td> </tr> <tr> <td>15a IRA distributions</td> <td>15a</td> </tr> <tr> <td>b Taxable amount (see instructions)</td> <td>15b</td> </tr> <tr> <td>16a Pensions and annuities</td> <td>16a</td> </tr> <tr> <td>b Taxable amount (see instructions)</td> <td>16b</td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td>17</td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td>18</td> </tr> <tr> <td>19 Unemployment compensation</td> <td>19 1,650.</td> </tr> <tr> <td>20a Social security benefits</td> <td>20a</td> </tr> <tr> <td>b Taxable amount (see instructions)</td> <td>20b</td> </tr> <tr> <td>21 Other income. List type and amount (see instr.)</td> <td>21</td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td>22 9,402.</td> </tr> </table>	8a Taxable interest. Attach Schedule B if required	8a	b Tax-exempt interest. Do not include on line 8	8b	9a Ordinary dividends. Attach Schedule B if required	9a	b Qualified dividends (see instructions)	9b	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	11 Alimony received	11	12 Business income or (loss). Attach Schedule C or C-EZ	12 4,941.	13a Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13a	b If box on 13a is checked, enter post-May 5 capital gain distributions	13b	14 Other gains or (losses). Attach Form 4797	14	15a IRA distributions	15a	b Taxable amount (see instructions)	15b	16a Pensions and annuities	16a	b Taxable amount (see instructions)	16b	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	18 Farm income or (loss). Attach Schedule F	18	19 Unemployment compensation	19 1,650.	20a Social security benefits	20a	b Taxable amount (see instructions)	20b	21 Other income. List type and amount (see instr.)	21	22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22 9,402.
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<b>Adjusted Gross Income</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23 Educator expenses (see instructions)</td> <td>23</td> </tr> <tr> <td>24 IRA deduction (see instructions)</td> <td>24</td> </tr> <tr> <td>25 Student loan interest deduction (see instructions)</td> <td>25</td> </tr> <tr> <td>26 Tuition and fees deduction (see instructions)</td> <td>26</td> </tr> <tr> <td>27 Moving expenses. Attach Form 3903</td> <td>27</td> </tr> <tr> <td>28 One-half of self-employment tax. Attach Schedule SE</td> <td>28 349.</td> </tr> <tr> <td>29 Self-employed health insurance deduction (see instr.)</td> <td>29</td> </tr> <tr> <td>30 Self-employed SEP, SIMPLE, and qualified plans</td> <td>30</td> </tr> <tr> <td>31 Penalty on early withdrawal of savings</td> <td>31</td> </tr> <tr> <td>32a Alimony paid b Recipient's SSN</td> <td>32a</td> </tr> <tr> <td>33 Add lines 23 through 32a</td> <td>33 349.</td> </tr> <tr> <td>34 Subtract line 33 from line 22. This is your adjusted gross income</td> <td>34 9,053.</td> </tr> </table>	23 Educator expenses (see instructions)	23	24 IRA deduction (see instructions)	24	25 Student loan interest deduction (see instructions)	25	26 Tuition and fees deduction (see instructions)	26	27 Moving expenses. Attach Form 3903	27	28 One-half of self-employment tax. Attach Schedule SE	28 349.	29 Self-employed health insurance deduction (see instr.)	29	30 Self-employed SEP, SIMPLE, and qualified plans	30	31 Penalty on early withdrawal of savings	31	32a Alimony paid b Recipient's SSN	32a	33 Add lines 23 through 32a	33 349.	34 Subtract line 33 from line 22. This is your adjusted gross income	34 9,053.																		
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Schedule C (Form 1040) 2003 **A Jaramillo****Part III Cost of Goods Sold** (see instructions)

590-05-4184

Page:

33 Method(s) used to

value closing inventory:

a ☐ Costb ☐ Lower of cost or  
marketc ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If  
"Yes," attach explanation☐ Yes☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line

42

**Part IV****Information on Your Vehicle.**

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2002

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business

851

b Commuting

c Other

45 Do you (or your spouse) have another vehicle available for personal use?

☒ Yes☐ No

46 Was your vehicle available for personal use during off-duty hours?

☒ Yes☐ No

47a Do you have evidence to support your deduction?

☒ Yes☐ No

b If "Yes," is the evidence written?

☒ Yes☐ No**Part V****Other Expenses.**

List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 2

48

Schedule EIC  
(Form 1040A or 1040)Earned Income Credit  
Qualifying Child Information1040A  
1040

EIC

OMB No. 1545-0074

2003

Attachment  
Sequence No. 43Department of the Treasury  
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

Ana B Jaramillo

Your social security number

590-05-4184

## Before you begin:

See the instructions for Form 1040A, line 41, or Form 1040, line 63 to make sure that  
(a) you can take the EIC and (b) you have a qualifying child

## CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

## Qualifying Child Information

Child 1

Child 2

<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Peter	Last name Biocini	First name	Last name
<b>2 a Child's SSN</b> The child must have an SSN as defined in the instructions unless the child was born and died in 2003. If your child was born and died in 2003 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	603-74-6985			
<b>b Child's year of birth</b>	Year 1988 If born after 1984, skip lines 3a and 3b; go to line 4.		Year If born after 1984, skip lines 3a and 3b; go to line 4.	
<b>3 If the child was born before 1985 -</b> <b>a</b> Was the child under age 24 at the end of 2003 and a student?	<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue		<input type="checkbox"/> Yes. Go to line 4. <input type="checkbox"/> No. Continue	
<b>b</b> Was the child permanently and totally disabled during any part of 2003?	<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. This child is not a qualifying child.		<input type="checkbox"/> Yes. Continue <input type="checkbox"/> No. This child is not a qualifying child.	
<b>4 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son			
<b>5 Number of months child lived with you in the United States during 2003</b> • If the child lived with you for more than half of 2003 but less than 7 months, enter "7". • If the child was born or died in 2003 and your home was the child's home for the entire time he or she was alive during 2003, enter "12".	12 months Do not enter more than 12 months.		months Do not enter more than 12 months.	

## TIP

You may also be able to take the additional child tax credit if your child(a) was under age 17 at the end of 2003,(b) is claimed as your dependent on line 6c of Form 1040A or Form 1040 and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 65 of Form 1040.



Schedule SE (Form 1040) 2003

Attachment Sequence No. 17

Page:

Name of person with self-employment income (as shown on Form 1040)

Ana B Jaramillo

Social security number of person  
with self-employment income

590-05-4184

## Section B - Long Schedule SE

**Part I** Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more other net earnings from self-employment, check here and continue with Part I. ☐

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See instruction	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method. See instructions.	2	4,941.
3 Combine lines 1 and 2	3	4,941.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	4,563.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	4,563.
5a Enter your church employee income from Form W-2. See instruction for definition of church employee income.	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Net earnings from self-employment. Add lines 4c and 5	6	4,563.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2003	7	87,000.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$87,000 or more, skip lines 8b through 10, and go to line 11	8a	2,811.
b Unreported tips subject to social security tax (from Form 4137, line 9).	8b	
c Add lines 8a and 8b	8c	2,811.
9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	84,189.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	566.
11 Multiply line 6 by 2.9% (.029)	11	132.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 55	12	698.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 28.	13	349.

**Part II** Optional Methods To Figure Net Earnings (See instructions)

Farm Optional Method. You may use this method only if

- Your gross farm income<sup>1</sup> was not more than \$2,400 or
- Your net farm profits<sup>2</sup> were less than \$1,733.

14 Maximum income for optional methods	14	1,600.00
15 Enter the smaller of: two thirds ( $\frac{2}{3}$ ) of gross farm income <sup>1</sup> (not less than zero) or \$1,600. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if

- Your net nonfarm profits<sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income<sup>4</sup> and
- You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two thirds ( $\frac{2}{3}$ ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

<sup>1</sup> From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.<sup>2</sup> From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

For Privacy Act Notice, get form FTB 1131.

**California Resident  
Income Tax Return 2003**

APE

DO NOT  
ATTACH  
LABEL590-05-4184 JARA \*\*  
ANA B JARAMILLOCopyright form software only, 2003 Universal Tax  
Systems, Inc. All rights reserved.  
CA540331 Rev. 1

540

C1 Side 1

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NO

03 PBA 561790

P

AC

A

R

RP

**Step 1**Name 19250 CAYENNE DR  
and MORGAN HILL CA 95037  
Address

FOR COMPUTERIZED-USE ONLY

01	4	37	0	55	0	APE	0
06	0	38	0	56	0	3800	0
09	0	39	0	57	0	3803	0
10	1	40	0	58	0	SCHG1	0
12	2811	41	0	59	0	5870A	0
14	1650	42	0	60	0	5805 5805F	0
16	0	43	0	61	0	P	00152277
17	7403	44	0	62	0	FN	680486220
18	6140	45	0	64	0		
20	13	47	0	65	0		
23	0	48	0	66	0		
28	0	49	0	68	0		
29	0	50	0				
30	0	51	0				
31	0	52	0				
35	0	53	0				
36	0	54	0				

**Step 2**

Filing Status

Check only one.

- 1 ☐ Single  
 2 ☐ Married filing jointly (even if only one spouse had income)  
 3 ☐ Married filing separately. Enter spouse's social security number above and full name here  
 4 ☒ Head of household (with qualifying person). STOP. See instr. 5 ☐ Qualifying widow(er) with dependent child.  
 Enter year spouse died

**Step 3**

Exemptions

Enclose, but do not  
staple, any payment.Dependent  
Exemptions

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here • 6 ☐  
 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions ..... 7 ☐ X \$82 = \$ 82.  
 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter ..... 8 ☐ X \$82 = \$  
 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter ..... 9 ☐ X \$82 = \$  
 10 Dependents: Enter name and relationship. Do not include yourself or your spouse.  
 PETER BIOCIN  
 Total dependent exemptions... • 10 ☐ X \$257 = \$ 257.  
 11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 2 ..... 11 \$ 339.

**Step 4**Taxable  
IncomeDo not attach  
any withholding  
forms here. Use  
Schedule W,  
CA W-2 Attachment.

- 12 State wages from your Form(s) W-2, box 16 ..... • 12 2,811.  
 13 Enter adjusted gross income from your 2003 federal return ..... 13 9,053.  
 14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 34, column B • 14 1,650.  
 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15 7,403.  
 16 California adjustments - additions. Enter the amount from Schedule CA (540), line 34, column C ..... • 16  
 17 California adjusted gross income. Combine line 15 and line 16 ..... • 17 7,403.  
 18 Enter the larger of your CA standard deduction OR your CA itemized deductions ..... • 18 6,140.  
 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ..... 19 1,263.

**Step 5**

Tax

- 20 Tax. Check if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 ..... • 20 13.  
 21 Exemption credits. If line 13 is over \$135,714, see instructions. Otherwise, enter amount from line 11. 21 339.  
 22 Subtract line 21 from line 20. If less than zero, enter -0- ..... 22 0.  
 23 Other Taxes. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A ..... • 23  
 24 Add line 22 and line 23. Continue to Side 2 ..... 24

001025

Your name: **ANA B JARAMILLO**Your SSN: **590-05-4184****Step 6**

25 Amount from Side 1, line 24 ..... 25

Special Credits and Nonrefundable Renter's Credit

28 Enter credit name ..... code no ..... and amount... ▶ 28

29 Enter credit name ..... code no ..... and amount... ▶ 29

30 To claim more than two credits, see instructions. .... • 30

31 Nonrefundable renter's credit. See instructions for "Step 6" ..... • 31

33 Add line 28 through line 31. These are your total credits ..... 33

34 Subtract line 33 from line 25. If less than zero, enter -0- ..... 34 0.

**Step 7**

35 Alternative minimum tax. Attach Schedule P (540) ..... • 35

Other Taxes

36 Other taxes and credit recapture. See instructions ..... • 36

37 Add line 34 through line 36. This is your total tax ..... • 37

**Step 8**

38 California income tax withheld. See instructions ..... ■ 38

39 2003 CA estimated tax and other payments. See instructions ..... ■ 39

40 Real estate withholding. (Form(s) 592-B, 594, and 597) See instructions... ■ 40

Payments

41 Excess SDI. See instructions. .... ■ 41

Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506

• 42 ..... • 43

• 44 ..... ■ 45

46 Add line 38, line 39, line 40, line 41, and line 45. These are your total payments ..... 46

**Step 9**

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 ..... 47

48 Amount of line 47 you want applied to your 2004 estimated tax ..... ■ 48

Overpaid Tax/ Tax Due/ Use Tax

49 Overpaid tax available this year. Subtract line 48 from line 47 ..... ■ 49

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions ..... 50

51 Use Tax. See instructions ..... • 51

**Step 10**

Contributions

CA Seniors Special Fund. See instructions ..... • 52

Alzheimer's Disease/Related Disorders Fund ..... • 53

CA Fund for Senior Citizens ..... • 54

Rare and Endangered Species Preservation Program ..... • 55

State Children's Trust Fund for the Prevention of Child Abuse ..... • 56

CA Breast Cancer Research Fund ..... • 57

CA Firefighters' Memorial Fund ..... • 58

Emergency Food Assistance Program Fund ..... • 59

CA Peace Officer Memorial Foundation Fund ..... • 60

Asthma and Lung Disease Research Fund ..... • 61

CA Missions Foundation Fund ..... • 62

64 Add line 52 through line 62. These are your total contributions ..... • 64

**Step 11**

65 REFUND OR NO AMOUNT DUE. See instructions. Mail to:  
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 ..... ■ 65

66 AMOUNT YOU OWE. See instructions. Mail to:  
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 ..... ■ 66

**Step 12**

67 Interest, late return penalties, and late payment penalties ..... 67

68 Underpayment of estimated tax. Check box: ☐ FTB 5805 attached ☐ FTB 5805F attached... ■ 68

Interest and Penalties

69 Total amount due. See instructions. Enclose, but do not staple, any payment ..... 69

• 70 4

**Step 13**

Do not attach a voided check or a deposit slip. See instructions.

Complete this section to have your refund directly deposited. Routing number ..... •

Direct Deposit (Refund Only)

Account Type:

Checking • ☐ Savings • ☐ Account number ..... •

**Sign Here**

It is unlawful to forge a spouse's signature.

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 6

Your signature X Ana B Jaramillo Spouse's signature (if filing jointly, both must sign) X Daytime phone no. (optional) 408-779-9022

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) [Signature] Date 3-25-2004

Joint return? ☐ See instructions.

Firm's name (or yours if self-employed) GRUPO CANAS Firm's address 610 THIRD ST STE 4-A Paid preparer's SSN/PTIN P00152277

SAN RAFAEL CA 94901- FEIN 68-0486220



Schedule C  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)CALIFORNIA AMOUNTS  
Profit or Loss From Business  
(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2003

Attachment  
Sequence No. 09

Name of proprietor

Ana B Jaramillo

Social security number (SSN)

590-05-4184

A Principal business or profession, including product or service (see instructions)

Housecleaning

B Enter code from instructions

561790

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) 100N Whisman Rd Apt 3114

City, town or post office, state, and ZIP code Mountain View CA 94043

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2003? If "No," see instr. for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2003, check here. ▶

## Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here. ▶ <input type="checkbox"/>	1	1,122.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,122.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,122.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	4,200.
7	Gross income. Add lines 5 and 6	7	5,322.

## Part II Expenses. Enter expenses for business use of your home only on line 30

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see instructions)	9	306.	20	Rent or lease (see instructions)		
10	Commissions and fees	10		20a	a Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		20b	b Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment		
16	Interest:			24a	a Travel	24a	
a	Mortgage (paid to banks, etc.)	16a			b Meals and entertainment		
b	Other	16b			c Enter nondeductible amount included on line 24b (see instr.)		
17	Legal and professional services	17	75.	d	Subtract line 24c from line 24b	24d	
18	Office expense	18		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in column	28		26	Wages (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29		27	Other expenses (from line 46 on page 2)	27	
30	Expenses for business use of your home. Attach Form 8829	30					
31	Net profit or (loss). Subtract line 30 from line 29	31					

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see the instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198

32a ☐ All investment is at risk  
32b ☐ Some investment is not at risk

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2003

001027

TAXABLE YEAR

2003

## California Adjustments - Residents

SCHEDULE

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

ANA B JARAMILLO

Social security number

590-05-4184

## Part I Income Adjustment Schedule

## Section A - Income

	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7 2,811.		
8 Taxable interest income	8		
9 Ordinary dividends. See instructions. (b)	(a)		
10 Taxable refunds, credits, offsets of state and local income taxes	10		
11 Alimony received	11		
12 Business income or (loss)	12 4,941.		
13 Capital gain or (loss). See instructions. (b)	(a)		
14 Other gains or (losses)	14		
15 Total IRA distributions. See instructions. (a)	(b)		
16 Total pensions and annuities. See instructions. (a)	(b)		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17		
18 Farm income or (loss)	18		
19 Unemployment compensation. Enter the same amount in column A and column B.	19 1,650.	1,650.	
20 Social security benefits (a)	(b)		
21 Other income.			
a California lottery winnings		a	a
b Disaster loss carryover from FTB 3805V		b	b
c Federal NOL (Form 1040, line 21)		c	c
d NOL carryover from FTB 3805V		d SUSPENDED	d
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e SUSPENDED	e
f Other (describe)	21	f	f
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22 9,402.	1,650.	

## Section B - Adjustments to Income

23 Educator expense	23		
24 IRA deduction	24		
25 Student loan interest deduction	25		
26 Tuition and fees deduction	26		
27 Moving expenses	27		
28 One-half of self-employment tax	28 349.		
29 Self-employed health insurance deduction	29		
30 Self-employed SEP, SIMPLE, and qualified plans	30		
31 Penalty on early withdrawal of savings	31		
32a Alimony paid. (b) Recipient's: SSN			
Last name			
33 Add line 23 through line 32a in columns A, B, and C.	33 349.		
34 Total. Subtract line 33 from line 22 in columns A, B, and C. See inst.	34 9,053.	1,650.	

## Part II Adjustments To Federal Itemized Deductions

35 Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	35	25.
36 Enter total of federal Sch. A (Form 1040), line 5 (state and local income tax and State Disability Insurance) and line (foreign taxes only)	36	25.
37 Subtract line 36 from line 35	37	
38 Other adjustments including California lottery losses. See instructions. Specify	38	
39 Combine line 37 and line 38	39	
40 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
Single or married filing separately - \$135,714    Head of Household - \$203,574    Married filing jointly or qualifying widow(er) - \$271,432		
No. Transfer the amount on line 39 to line 40		
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 40	40	
41 Enter the larger of the amount on line 40 or your standard deduction listed below		
Single or married filing separately - \$3,070    Married filing jointly, head of household, or qualifying widow(er) - \$6,140		
Transfer the amount on line 41 to Form 540, line 18	41	6,140.

## CALIFORNIA AMOUNTS

Schedule C (Form 1040) 2003 Ana B Jaramillo

590-05-4184

Page:

**Part III** Cost of Goods Sold (see instructions)33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If

"Yes," attach explanation

☐ Yes☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line

42

**Part IV**

## Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2002

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business 851 b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use?

☒ Yes☐ No

46 Was your vehicle available for personal use during off-duty hours?

☒ Yes☐ No

47a Do you have evidence to support your deduction?

☒ Yes☐ No

b If "Yes," is the evidence written?

☒ Yes☐ No**Part V** Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 2

48



Declaration Control Number (DCN)

00 - 684981 - 10038 - 2

IRS Use Only - Do not write or staple in this space.

Form **8453****U.S. Individual Income Tax Declaration**  
**for an IRS e-file Return**

OMB No. 1545-0936

For the year January 1 - December 31, 2001

See instructions.

**2001**Department of the Treasury  
Internal Revenue ServiceUse the  
IRS label,  
otherwise,  
please  
print or  
type.

L A B E L  H E R E	Your First Name and Initial		Last Name		Your Social Security Number	
	Ana B		Jaramillo		590-05-4184	
	If a Joint Return, Spouse's First Name and Initial		Last Name		Spouse's Social Security Number	
Home Address (number and street). If you have a P.O. box, see instructions.					Apartment Number	
1161 Hudson St.						
City, Town or Post Office					State ZIP Code	
Redwood City					CA 94061	

**Important!**  
You must enter your social security number(s) above.

Daytime Phone Number

(650) 299-9497

**Part I Tax Return Information** (whole dollars only)

1	Adjusted gross income (Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4)	1	38,369.
2	Total tax (Form 1040, line 58; Form 1040A, line 36; Form 1040EZ, line 11)	2	4,124.
3	Federal income tax withheld (Form 1040, line 59; Form 1040A, line 37; Form 1040EZ, line 8)	3	6,893.
4	Refund (Form 1040, line 68a; Form 1040A, line 43a; Form 1040EZ, line 12a)	4	2,769.
5	Amount you owe (Form 1040, line 70; Form 1040A, line 45; Form 1040EZ, line 13)	5	

**Part II Declaration of Taxpayer** (Sign only after Part I is completed.)

- 6a** ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2001 federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- c** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2001 federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, any indication of a refund offset, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign  
Here

Your Signature

Date

Spouse's Signature. If a joint return, both must sign.

Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's Signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
	<i>[Signature]</i>	1/26/02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P00152277
	Firm's Name (or yours if self-employed)	610 Third St. Ste. A-4			EIN
	Address, and ZIP Code	San Rafael CA 94901			Phone No. (415) 459-5214

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid  
Preparer's  
Use Only

Preparer's Signature

Firm's Name (or yours if self-employed)

Address, and ZIP Code

Date

Check if self-employed

Preparer's SSN or PTIN

EIN

Phone No.

Form **1040** U.S. Individual Income Tax Return **2001** (99) IRS use only — Do not write or staple in this space.

Department of the Treasury — Internal Revenue Service

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20

OMB No. 1545-0074

**Label** (See instructions.)

Your First Name MI Last Name  
Ana B Jaramillo

Your Social Security Number  
590-05-4184

If a Joint Return, Spouse's First Name MI Last Name

Spouse's Social Security Number

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.  
1161 Hudson St.

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code  
Redwood City CA 94061

**Presidential Election Campaign** (See instructions.)

Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☐ No

**Filing Status**

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here . . . . .

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ Peter A. Biocini

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ ). (See instructions.)

**Exemptions**

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a . . . . .

No. of boxes checked on 6a and 6b . . . . . 1

b ☐ Spouse . . . . .

No. of your children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	<input type="checkbox"/> lived with you	<input type="checkbox"/> did not live with you due to divorce or separation (see instrs)	Dependents on 6c not entered above

d Total number of exemptions claimed . . . . . 1

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 36,130.

8a Taxable interest. Attach Schedule B if required . . . . . 8a

b Tax-exempt interest. Do not include on line 8a . . . . . 8b

9 Ordinary dividends. Attach Schedule B if required . . . . . 9

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . . 10

11 Alimony received . . . . . 11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . 13 -291.

14 Other gains or (losses). Attach Form 4797 . . . . . 14

15a Total IRA distributions . . . . . 15a b Taxable amount (see instrs) . . . . . 15b

16a Total pensions & annuities . . . . . 16a b Taxable amount (see instrs) . . . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17

18 Farm income or (loss). Attach Schedule F . . . . . 18

19 Unemployment compensation . . . . . 19 2,530.

20a Social security benefits . . . . . 20a b Taxable amount (see instrs) . . . . . 20b

21 Other income . . . . . 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . . 22 38,369.

**Adjusted Gross Income**

23 IRA deduction (see instructions) . . . . . 23

24 Student loan interest deduction (see instructions) . . . . . 24

25 Archer MSA deduction. Attach Form 8853 . . . . . 25

26 Moving expenses. Attach Form 3903 . . . . . 26

27 One-half of self-employment tax. Attach Schedule SE . . . . . 27

28 Self-employed health insurance deduction (see instructions) . . . . . 28

29 Self-employed SEP, SIMPLE, and qualified plans . . . . . 29

30 Penalty on early withdrawal of savings . . . . . 30

31a Alimony paid b Recipient's SSN . . . . . 31a

32 Add lines 23 through 31a . . . . . 32

33 Subtract line 32 from line 22. This is your adjusted gross income . . . . . 33 38,369.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2001)

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001031

Form 1040 (2001) Ana B Jaramillo

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**Tax and Credits****Standard Deduction for**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.

• All others:  
Single:  
\$4,550

Head of household,  
\$6,650

Married filing jointly or Qualifying widow(er),  
\$7,600

Married filing separately,  
\$3,800

34	Amount from line 33 (adjusted gross income)	34	38,369.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
35b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	6,650.
37	Subtract line 36 from line 34	37	31,719.
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	2,900.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	28,819.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	4,324.
41	Alternative minimum tax (see instructions). Attach Form 6251	41	
42	Add lines 40 and 41	42	4,324.
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Rate reduction credit. See the worksheet	47	200.
48	Child tax credit (see instructions)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	200.
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	4,124.

**Other Taxes**

53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52-57. This is your total tax	58	4,124.

**Payments**

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	6,893.
60	2001 estimated tax payments and amount applied from 2000 return	60	
61a	Earned income credit (EIC)	61a	
61b	Nontaxable earned income	61b	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see instructions)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	6,893.
67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	2,769.
68a	Amount of line 67 you want refunded to you	68a	2,769.
68b	Routing number	68b	121000358
68c	Account number	68c	0931305434
68d	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	68d	
69	Amount of line 67 you want applied to your 2002 estimated tax	69	

FDIA0112 12/10/01

**Refund**

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

**Amount You Owe**

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
71	Estimated tax penalty. Also include on line 70	71	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your Signature	Date	Your Occupation	Daytime Phone Number
<i>[Signature]</i>	01/27/2002	Accounting Clerk	(650) 299-9497
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation	

**Paid Preparer's Use Only**

Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
<i>[Signature]</i>	01/27/2002		P00152277
Firm's Name (or yours if self-employed)	Address, and ZIP Code		EIN
GRUPO CANAS, INC.	610 Third St. Ste. A-4 San Rafael CA 94901		68-0372499
			Phone No. (415) 459-5214

Form 1040 (2001)

001032



Schedule D  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)

## Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001  
12

Name(s) Shown on Form 1040

Ana B Jaramillo

Your Social Security Number

590-05-4184

**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 Ameritrade	05/30/00	04/16/01	111.	402.	-291.
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	111.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2000 Capital Loss Carryover Worksheet				6	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	-291.

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) (see instructions below)
8						
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12		
13 Capital gain distributions. See instrs				13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2000 Capital Loss Carryover Worksheet				14		
15 Combine lines 8 through 14 in column (g)				15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)				16		

Next: Go to Part III on page 2.

\* 28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2001

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001033

Schedule D (Form 1040) 2001 Ana B Jaramillo

590-05-4184

Page 2

**Part III Taxable Gain or Deductible Loss**

- 17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 39

17 -291.

Next: • If both lines 16 and 17 are gains and Form 1040, line 39, is more than zero, complete Part IV below.

• Otherwise, skip the rest of Schedule D and complete Form 1040.

- 18 If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 37

18 -291.

Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 37, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet in the instructions before completing the rest of Form 1040.

• Otherwise, skip Part IV below and complete the rest of Form 1040.

**Part IV Tax Computation Using Maximum Capital Gains Rates**

- 19 Enter your unrecaptured Section 1250 gain, if any, from line 17 of the worksheet in the instructions

19

If line 15 or line 19 is more than zero, complete the worksheet in the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.

- 20 Enter your taxable income from Form 1040, line 39

20

- 21 Enter the smaller of line 16 or line 17 of Schedule D

21

- 22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-

22

- 23 Subtract line 22 from line 21. If zero or less, enter -0-

23

- 24 Subtract line 23 from line 20. If zero or less, enter -0-

24

- 25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies

25

- 26 Enter the smaller of:

- The amount on line 20 or
- \$45,200 if married filing jointly or qualifying widow(er);  
\$27,050 if single;  
\$36,250 if head of household; or  
\$22,600 if married filing separately

26

If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.

- 27 Enter the amount from line 24

27

- 28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34

28

- 29 Enter your qualified 5-year gain, if any, from line 7 of the worksheet in the instructions

29

- 30 Enter the smaller of line 28 or line 29

30

- 31 Multiply line 30 by 8% (.08)

31

- 32 Subtract line 30 from line 28

32

- 33 Multiply line 32 by 10% (.10)

33

If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.

- 34 Enter the smaller of line 20 or line 23

34

- 35 Enter the amount from line 28 (if line 28 is blank, enter -0-)

35

- 36 Subtract line 35 from line 34

36

- 37 Multiply line 36 by 20% (.20)

37

- 38 Add lines 25, 31, 33, and 37

38

- 39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies

39

- 40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 40

40

BAA

Schedule D (Form 1040) 2001

**California Resident  
Income Tax Return 2001**  
 APE

540

FEDERAL RETURN ATTACHMENT REQUIRED:

☒ YES ☐ NODO NOT  
ATTACH  
LABEL590-05-4184 JARA \*\*  
ANA B JARAMILLO

01

**Step 1**Name and  
Address1161 HUDSON ST  
REDWOOD CITY CA 94061

P

AC

A

R

RP

## FOR COMPUTERIZED USE ONLY

01	4	37	457	56	0	APE	0
06	0	38	1759	57	0	3800	0
09	0	39	0	58	0	3803	0
11	0	41	0	59	0	SCHG1	0
12	36130	42	0	60	0	5870A	0
14	2530	43	0	64	0	5805 5805F	0
16	0	44	0	65	1302	P 00152277	0
17	35839	45	0	66	0		
18	5920	47	1302	68	0		
20	536	48	0				
23	0	49	1302				
28	0	50	0				
29	0	51	0				
30	0	52	0				
31	0	53	0				
35	0	54	0				
36	0	55	0				

121000358  
0931305434  
1

**Step 2**

Filing Status

Check only one.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one spouse had income)
- 3 ☐ Married filing separate return. Enter spouse's SSN above and full name here
- 4 ☒ Head of household (with qualifying person). STOP. See instructions. 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died

**Step 3**

Exemptions

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here ☐ 6
- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 ☐ 1 x \$79 = \$ 79.
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ x \$79 = \$
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 ☐ x \$79 = \$
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ 79.

Dependent  
Exemptions

- 11 Dependents: Enter name and relationship. Do not include yourself or your spouse.

Total dependent exemption credit 11 ☐ x \$247 = \$**Step 4**Taxable  
IncomeAttach check  
or money  
order here.

- 12 State wages from your Form(s) W-2, box 16 12 36,130.
- 13 Enter adjusted gross income from your 2001 federal return 13 38,369.
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 33, column B 14 2,530.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 35,839.
- 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 33, column C 16
- 17 California adjusted gross income. Combine line 15 and line 16 17 35,839.
- 18 Enter the larger of your CA standard deduction OR your CA itemized deductions 18 5,920.
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 29,919.

**Step 5**

Tax

Attach copy of your  
Form(s) W-2, W-2G,  
and other Forms  
1099 with California  
tax withheld.

- 20 Tax. Check if from ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 20 536.
- 21 Exemption credits. If line 13 is over \$130,831, see instructions. Otherwise, add line 10 and line 11 21 79.
- 22 Subtract line 21 from line 20. If less than zero, enter -0- 22 457.
- 23 Other Taxes. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A 23
- 24 Add line 22 and line 23. Continue to Side 2 24 457.



Your Name: ANA B. JARAMILLO Your SSN: 590-05-4184

**Step 6** Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1, line 24 ..... 25 457.

28 Enter credit name ..... code no. .... & amount ▶ 28

29 Enter credit name ..... code no. .... & amount ▶ 29

30 To claim more than two credits, see instructions ..... 30

31 Nonrefundable renter's credit. See instructions for 'Step 6' ..... 31

33 Add line 28 through line 31. These are your total credits ..... 33

34 Subtract line 33 from line 25. If less than zero, enter -0- ..... 34 457.

**Step 7** Other Taxes

35 Alternative minimum tax. Attach Schedule P (540) ..... 35 0.

36 Other taxes and credit recapture. See instructions ..... 36

37 Add line 34 through line 36. This is your total tax ..... 37 457.

**Step 8** Payments

38 California income tax withheld. See instructions ..... 38 1,759.

39 2001 California estimated tax and other payments ..... 39

41 Excess SDI. See instructions ..... 41

Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506.

42 ..... 43

44 ..... 45

46 Add line 38, line 39, line 41, and line 45. These are your total payments ..... 46 1,759.

**Step 9** Overpaid Tax or Tax Due

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 ..... 47 1,302.

48 Amount of line 47 you want applied to your 2002 estimated tax ..... 48

49 Overpaid tax available this year. Subtract line 48 from line 47 ..... 49 1,302.

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37 ..... 50

**Step 10** Contributions

CA Seniors Special Fund. See instructions ..... 51

Alzheimer's Disease/Related Disorders Fund ..... 52

CA Fund for Senior Citizens ..... 53

Rare and Endangered Species Preservation Program ..... 54

State Children's Trust Fund for the Prevention of Child Abuse ..... 55

CA Breast Cancer Research Fund ..... 56

CA Firefighters' Memorial Fund ..... 57

Emergency Food Assistance Program Fund ..... 58

CA Peace Officer Memorial Foundation Fund ..... 59

Lupus Foundation of America, California Chapters Fund ..... 60

64 Add line 51 through line 60. These are your total contributions ..... 64 0.

**Step 11** Refund or Amount You Owe

65 REFUND OR NO AMOUNT DUE. Subtract line 64 from line 49. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 ..... 65 1,302.

66 AMOUNT YOU OWE. Add line 50 and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ..... 66

**Step 12** Interest and Penalties

67 Interest, late return penalties, and late payment penalties ..... 67

68 Underpayment of estimated tax. Check box: ☐ FTB 5805 attached ☐ FTB 5805F attached ..... 68

69 Total amount due. See instructions ..... 69

70 4

**Step 13** Direct Deposit of Refund

Do not attach a voided check or a deposit slip. Complete this section to have your refund directly deposited. Routing number ..... 121000358

Account Type: Checking ☒ Savings ☐ Account number ..... 0931305434

IMPORTANT: See 'Sign Your Return' in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: [Signature] Daytime phone number: (650) 299-9497

X Spouse's signature (if filing joint, both must sign) Date: 1/26/02

X Paid preparer's signature: [Signature] Declaration of preparer (if based on all information of which preparer has any knowledge) 1/26/02

Firm's name (or yours if self-employed): GRUPO CANAS, INC. Firm's address: 610 Third St. Ste. A-4 San Rafael CA 94901

Paid preparer's SSN/PTIN: P00152277 FEIN: 68-0372499

TAXABLE YEAR

SCHEDULE

2001

## California Adjustments — Residents

CA (540)

**Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

Ana B. Jaramillo

Social security number

590-05-4184

**Part I** Income Adjustment Schedule**Section A — Income**

		A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions	C Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	36,130.		
8	Taxable interest income			
9	Ordinary dividends			
10	State tax refund. Enter the same amount in column A and column B			
11	Alimony received			
12	Business income or (loss)			
13	Capital gain or (loss)	-291.		
14	Other gains or (losses)			
15	Total IRA distributions. See instructions (a)	(b)		
16	Total pensions and annuities. See instructions (a)	(b)		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc			
18	Farm income or (loss)			
19	Unemployment compensation. Enter the same amount in column A and column B	2,530.	2,530.	
20	Social security benefits (a)	(b)		
21	Other income.			
	a California lottery winnings		a	
	b Disaster loss carryover from FTB 3805V		b	
	c Federal NOL (Form 1040, line 21)		c	
	d NOL carryover from FTB 3805V		d	
	e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e	
	f Other (describe)		f	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	38,369.	2,530.	

**Section B — Adjustments to Income**

23	IRA deduction			
24	Student loan interest deduction			
25	Medical savings account deduction			
26	Moving expenses			
27	One-half of self-employment tax			
28	Self-employed health insurance deduction			
29	Keogh and self-employed SEP and SIMPLE plans			
30	Penalty on early withdrawal of savings			
31 a	Alimony paid.			
	b Recipient's SSN			
	Last name			
32	Add line 23 through line 31a in columns A, B, and C			
33	Total. Subtract line 32 from line 22 in columns A, B, and C. See the instructions for how to transfer the total to Form 540	38,369.	2,530.	

**Part II** Adjustments to Federal Itemized Deductions

35	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	2,084.
36	Enter total of federal Schedule A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only)	2,084.
37	Subtract line 36 from line 35	0.
38	Other adjustments including California lottery losses. See instructions. Specify	
39	Combine line 37 and line 38	0.
40	Is the amount on Form 540, line 13 more than the amount shown below for your filing status?	
	Single or married filing separate \$130,831	
	Married filing joint or qualifying widow(er) \$261,664	
	Head of household \$196,248	
	NO. Transfer the amount on line 39 to line 40.	
	YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 40.	
	Is the amount you entered on line 40 more than your standard deduction below?	
	Single or married filing separate \$2,960	
	Married filing joint, head of household, or qualifying widow(er) \$5,920	
	YES. Transfer the amount on line 40 to Form 540, line 18.	
	NO. Enter your standard deduction on Form 540, line 18.	